

"FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



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Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,465,719	10/542,281

(check one)

☐ Applicant/Inventor

_____/B. J. Sadoff/

Signature

☒ Attorney or Agent of record 36,663
 (Reg. No.)

_____/B. J. Sadoff

Typed or printed name

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)

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☐ Assignment recorded at Reel _____ Frame _____

_____/February 24, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form/s are submitted.